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## **Application Data Sheet**

### **Application Information**

Application number::	<i>None</i>
Filing Date::	<i>02 / 25 / 04</i>
Application Type::	<i>Regular</i>
Subject Matter::	<i>Utility</i>
Suggested classification::	<i>514/23</i>
Suggested Group Art Unit::	<i>None</i>
CD-ROM or CD-R?::	<i>0</i>
Number of CD disks::	<i>0</i>
Number of copies of CDs::	<i>0</i>
Sequence submission?::	<i>None</i>
Computer Readable Form (CRF)?::	<i>No</i>
Number of copies of CRF::	<i>0</i>
Title ::	<i>Dietary Supplement For Supressing Appetite, Enhancing and Extending Satiety, Improving Glycemic Control, and Stimulant Free</i>
Attorney Docket Number::	<i>None</i>
Request for Early Publication?::	<i>No</i>
Request for Non-Publication?::	<i>No</i>
Suggested Drawing Figure::	<i>0</i>
Total Drawing Sheets::	<i>0</i>
Small Entity?::	<i>No</i>
Latin name::	
Variety denomination name::	
Petition included?::	<i>No</i>
Petition Type::	
Licensed US Govt. Agency::	<i>None</i>
Contract or Grant Numbers::	<i>None</i>
Secrecy Order in Parent Appl.?::	<i>No</i>

## — Applicant Information

**Applicant Authority Type::** *Inventor*

**Primary Citizenship** *US*

**Country::**

**Status::**

**Given Name::** *Alvin*

**Middle Name::**

**Family Name::** *Needleman*

**Name Suffix::**

**City of Residence::** *Lancaster*

**State or Province of** *Pennsylvania*

**Residence::**

**Country of Residence::** *US*

**Street of mailing address::** *2111 Mallard Dr*

**City of mailing address::** *Lancaster*

**State or Province of** *Pennsylvania*

**mailing address::**

**Country of mailing** *US*

**address::**

**Postal or Zip Code of** *17601-5449*

**mailing address::**

## — Applicant Information

**Applicant Authority Type::** *Inventor*

**Primary Citizenship** *US*

**Country::**

**Status::**

**Given Name::** *Harriet*

**Middle Name::**

**Family Name::** *Needleman*

**Name Suffix::**

**City of Residence::** *Lancaster*

**State or Province of** *Pennsylvania*

**Residence::**

**Country of Residence::** *US*

**Street of mailing address::** *2111 Mallard Dr*

**City of mailing address::** *Lancaster*

**State or Province of** *Pennsylvania*

**mailing address::**

**Country of mailing** *US*

**address::**

**Postal or Zip Code of** *17601-5449*

**mailing address::**

## Correspondence Information

**Correspondence Customer  
Number ::**

**Name::** *Alvin Needleman*

**Street of mailing address::** *2111 Mallard Dr*

**City of mailing address::** *Lancaster*

**State or Province of mailing  
address::** *Pennsylvania*

**Country of mailing address::** *US*

**Postal or Zip Code of mailing  
address::** *17601-5449*

**Phone number::** *717-295-7647*

**Fax Number:** *717-295-8382*

**E-Mail address::** *alneedleman@comcast.net*

## Representative Information

Representative Customer Number::	NONE	
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**-OR-**

Representative Designation::	Registration Number::	Representative Name::
NONE	NONE	NONE

## Domestic Priority Information

Application ::	Continuity Type::	Parent Application::	Parent Filing Date::
NONE	N/A	N/A	N/A